

09/213079

DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: "POWER MODE CONTROL CENTER"

the application for which was filed 17 December 1998 and accorded No. 09/213,099

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37CFR 1.56(a)].

CLAIM UNDER 35 USC §120: I hereby claim the benefit under 35 USC §120 of the prior United States application(s) listed below:

<u>Prior U.S. Application(s)</u>	<u>Filing Date</u> <u>Day/Mo/Year</u>	<u>Status</u> <u>Pending-Parented-Abandoned</u>
08/303,066	9/7/96	Pending

Insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose material information as defined in Rule 56(a) [37 CFR 1.56(a)] which occurred between the filing dates of the prior U.S. applications and the national filing date of this application.

POWER OF ATTORNEY: As inventor, I hereby appoint CHARLES M. QUINN, Reg. No. 27, 223 with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

POWER TO INSPECT: I hereby give CHARLES M. QUINN or his duly accredited representative power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: CHARLES M. QUINN, ESQUIRE
1601 Market Street
Suite 720
Philadelphia, Pennsylvania 19103-2307

Telephone: (215) 563-4100
Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR:

Full Name: JOHN I. YKEMA
First Middle Last
Signature: [Signature]
Date: 3/26/99
Residence: Broomall PA USA
City State or Country
Citizenship: USA
Post Office Address:
241 N. Sproul Road
Broomall PA 19008 USA
City State or Country Zip Code

SECOND JOINT INVENTOR (IF ANY)

Full Name: _____
First Middle Last
Signature: _____
Date: _____
Residence: _____
City State or Country
Citizenship: _____
Post Office Address: _____
City State or Country Zip Code